



Bedding & Cushions Work Order

Company:	Tag Name:	Date:
Designer:	P.O. #:	W.O. #: of

	Supplier:	Pattern Name / Code:	Colour Name / Code:	Yards:	<input checked="" type="checkbox"/>
Supply List:	A				<input type="checkbox"/>
	B				<input type="checkbox"/>
	C				<input type="checkbox"/>
	D				<input type="checkbox"/>
	E				<input type="checkbox"/>

- Item / Style:**
- Bed-Skirt
 - Box-Pleated
 - Gathered
 - Tailored
 - Bedspread
 - Lined Only
 - Lined & Interlined
 - Quilted (Throwstyle)
 - Comforter (Pillowcased)
 - Duvet Cover
 - Flanged
 - Knife-Edge
 - Piped
 - Sheets
 - Flat
 - Fitted
 - Pillow Sham
 - Envelope
 - Euro
 - Flanged
 - Knife-Edge
 - Piped
 - Ruffled
 - Toss Cushions
 - Bolster
 - Boxed
 - Bull's-Eye
 - Envelope
 - Flanged
 - Knife-Edge
 - Piped
 - Rectangle
 - Round
 - Ruffled
 - Square
 - Turkish Corners
 - Other: _____

Measurements: Please specify all measurements necessary to your design, and leave blank those that don't apply:

Unit #:	Left Drop:	Width:	Right Drop:	Length:	End Drop:	
@						
@						
@						

**Total # of
Items:**

Specs: Please indicate a in each of the following categories, or specify Other where applicable:

Size: <input type="checkbox"/> Single / Twin <input type="checkbox"/> Double <input type="checkbox"/> Full / Queen <input type="checkbox"/> King
Lining Type: <input type="checkbox"/> Regular <input type="checkbox"/> Percale <input type="checkbox"/> Combo <input type="checkbox"/> Other:
Lining Colour: <input type="checkbox"/> White <input type="checkbox"/> Ivory <input type="checkbox"/> Black <input type="checkbox"/> Other:
Extras: <input type="checkbox"/> Add Piping/Trim <input type="checkbox"/> Buttons <input type="checkbox"/> Feather Inserts <input type="checkbox"/> Other: